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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS
AND INTERFERENCES

In Re Application of Reid

Attorney Docket No.: 4860.P2476

#7

Application Number 09/680,107

Filed 10/4/2000

For EDIT DISPLAY DURING RENDERING OPERATIONS

Group Art Unit: 2672 Examiner: Jin Cheng Wang

Address to:

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

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OCT 01 2003

Technology Center 2600

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 320.00.

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2666. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

applicant/inventor.


Signature

assignee of record of the entire interest
See 37 CFR 3.71, Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)

attorney or agent of record.

Arlen M. Hartounian

Typed or printed name

attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 52,997
(Reg. No.)

9/26/03

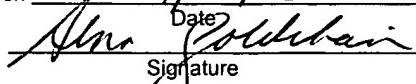
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of forms are submitted

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
on 9/26/03 Alma Goldchain

Typed or printed name


Signature

05/01/03



FEE TRANSMITTAL FOR FY 2003

TOTAL AMOUNT OF PAYMENT (\$) 320.00

Complete if Known:

Application No. 09/680,107

Filing Date 10/04/2000

First Named Inventor

Group Art Unit 2672

Examiner Name Jin Cheng Wang

Examiner Name Jin Cheng
Attorney Docket No. 4860.P2476

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METHOD OF PAYMENT (check one)

1. [x] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- [] Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check
Money Order
Other

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	
Code	(\$)	Code (\$)	
1001	750	2001 375	Utility application filing fee
1002	330	2002 165	Design application filing fee
1003	520	2003 260	Plant filing fee
1004	750	2004 375	Reissue filing fee
1005	160	2005 80	Provisional application filing fee

2. EXTRA CLAIM FEES

2. EXTRA CLAIM FEES	Extra Claims	Fee from below	Fee Paid
Total Claims _____	- 20** = _____	X _____	= _____
Independent Claims _____	- 3** = _____	X _____	= _____
Multiple Dependent			= _____

****Or number previously paid, if greater: For Reissues, see below.**

Large Entity				Small Entity
Fee	Fee	Fee	Fee	<u>Fee Description</u>
Code	(\$)	Code	(\$)	Claims in excess of 20
1202	18	2202	9	Independent claims in excess of 3
1201	84	2201	42	Multiple dependent claim, if not paid
1203	280	2203	140	**Reissue independent claims over original patent
1204	84	2204	42	**Reissue claims in excess of 20 and over original patent
1205	18	2205	9	

SUBTOTAL (2) \$ 0

FEE CALCULATION (continued)**RECEIVED**

OCT 01 2003

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Technology Center 2600</u>
Fee	Fee	Fee	Fee Paid
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1814	110	2814	55
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,300	1454	1,300

Other fee (specify) _____

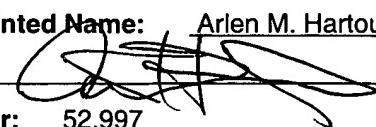
Other fee (specify) _____

SUBTOTAL (3) \$ 320.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Arlen M. Hartounian

Signature:  Date: 9/26/03

Reg. Number: 52,997 Telephone Number: (408) 720-8300